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**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS**  
**ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of \_\_\_\_\_

Case Number:

U.S.  
v.  
JOSEPH GALLIGAN

08 cr 215  
08 cr 215

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:  
**FILED**

MAR 20 2008  
Mar 20 2008  
MAGISTRATE JUDGE SUSAN E. COX  
UNITED STATES DISTRICT COURT

NAME (Type or print)	
MICHAEL J. FALCONER	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ <u>mjf (Tm)</u>	
FIRM	
STREET ADDRESS	
35 E WACKER DR # 650	
CITY/STATE/ZIP	
CHICAGO, IL 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
618-778	312-236-7777
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RECEIVED COURTSIDE <input type="checkbox"/>	APPOINTED COUNSEL <input checked="" type="checkbox"/>